Brighton and Hove City Council

Brighton & Hove City Council - 92 Cromwell Road

Inspection report

92 Cromwell Road
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 27 January 2016 and was announced.

92 Cromwell Road is a supported living scheme where people live in their own home under a tenancy agreement, and is registered to provide personal care. People received personal care or social support in their flat to promote their independence. The support provided was tailored to meet people's individual needs and enable the person to be as autonomous and independent as possible. At the time of the inspection there were three men with a learning disability receiving a service of personal care and support, and whose behaviour can be complex. The service is based in a four storey detached Victorian building, situated in a residential area with easy access to local amenities, transport links and the city centre.

Summary of findings

The service had a registered manager, who was present throughout the inspection. They had been in their current post for a number of years and knew the service well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was going through a significant period of review, where the provider and local stakeholders were looking at the service provision and what was needed and how the service would best be provided in the future.

Care staff were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Care staff had been able to attend refresher training to meet the provider's requirements, plans were in place to promote good practice and develop the knowledge and skills of staff. They told us they felt well supported. However, care staff had not received regular supervion at a frequency to meet the provider's policies and procedures. This is an area in need of improvement.

Relatives told us people were safe in the service. One relative told us, "He seems very happy there. He is in good hands. "People were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and increase their independence. People's care and support plans and risk assessments were up-to-date, detailed and reviewed regularly. One relative told us, "I could not be happier where he is." Another relative told us, "He is looked after extremely well."

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice. Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals. They had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans.

People were supported by kind caring staff. There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. The number of staff on duty had enabled people to be supported to attend social activities. One relative told us, "They make sure they take people out. It's wonderful. "

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the registered manager and senior care officer, who they described as very approachable.

Relatives, staff and visiting healthcare professional told us the service was well led. People and their representatives were asked to complete a satisfaction questionnaire to help identify any improvements to the care provided. People had the opportunity to attend regular weekly 'tenants' meetings'. The registered manager told us that staff carried out a range of internal audits to review the quality of the care provided, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. Any incidents and accidents were recorded and reviewed.

There were sufficient staff numbers to meet people's personal care needs. People were supported by staff that recognised the potential signs of abuse and knew what action to take.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Good

Is the service effective?
The service was not consistently effective.

Care staff had received training to ensure they could meet the needs of people receiving care and support. However, they not received regular supervision.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

People's nutritional needs were assessed and recorded.

People had been supported to have an annual health check with their GP, and to attend healthcare appointments when needed.

Requires improvement

Is the service caring?
The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Good

Is the service responsive?
The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to. The views of people and their relatives were sought and informed changes and improvements to service provision.

People had been consulted with as to what activities they would like to join in, and supported to join in a range of activities and leisure activities.

Good

Summary of findings

A complaints procedure was in place. Relatives told us if they had any concerns they would feel comfortable raising them.

Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture.

There was a clear vision and values for the service, which staff promoted.

Effective systems were in place to audit and quality assure the care provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 January 2016 and was announced. This was so that key people could be available to participate in the inspection, and for people living in the service to be made aware we would be visiting their home. The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and any complaints we have received. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires for staff and visiting professionals to complete. This enabled us to ensure we were addressing any potential areas of concern.

There were three people using the service at the time of our inspection. We used a number of different methods to help us understand the views of these people, who had complex needs which meant they were not able to tell us about their experiences. We spent time in the service observing the care provided. We spoke with the registered manager, the senior care worker and two care workers. We received feedback from a health care professional and two relatives about their experiences of the service provided. As part of our inspection we looked in detail at the care provided for two people, and we reviewed their care and support plans. We looked at records of meals provided, medication administration records, the compliments and complaints log, incident and accidents records, policies and procedures, meeting minutes, and staff training records. We also looked at the service's quality assurance audits.

The service was last inspected on 12 September 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People appeared relaxed happy and responsive with staff and very comfortable in their surroundings. Feedback from the relatives and the social care professional was that people were safe in the service. One relative told us, they had "Absolutely none" when asked if they had any concerns,"I have 101% confidence in them."

The provider had a number of policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. These policies and procedures had been reviewed to ensure current guidance and advice had been considered. Senior staff had shared this revised information with staff. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. There were arrangements in place to prevent any financial abuse. People had cash books to record and check what they were spending. Records we looked at confirmed this. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff told us had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

People participated in their preferred activities. For example people were supported to if they wished to attend a range of social activities, which included going out to the local shops for personal shopping, visiting local cafes and parks, going for a drive, visiting a pub for a drink or a local garden centre. To support people to be independent risk assessments were undertaken. They assessed any risks against individual activities people were involved in, for example where they went out to local facilities and events. There had been a regular assessment of the environmental risks and this included individual fire risk assessments. There was a regular review of the risk assessments. Staff had completed training in managing people's behaviours that challenged others. Risk assessments and guidance for care staff to follow were in place to manage any challenging behaviour.

Staff were able to tell us what was in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Additionally staff from the behavioural support team had been contacted for support and advice. Care staff had the opportunity to discuss the best way to support people through regular reviews of peoples care and support and from feedback from the care staff in team meetings as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues. Records made allowed care staff to capture any changes in behaviours or preferences and to be quickly responsive to these, and then these were reviewed on a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service.

Staff told us how staffing was managed to make sure people were kept safe. There was a long serving consistent staff team with regular bank staff helping to provide cover for staff absences. One member of staff told us, "It's a solid staff team. We all get on well and there is good communication between the team. We are just a bit thin on the ground." A formal tool was not used to calculate the level of staff needed. They told us there were minimum staffing levels to ensure peoples safety and these had been maintained. The registered manager and senior care worker looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. It was then possible to work out many staff would be needed on each shift. The senior care worker regularly worked in the service and so was able to monitor that the planned staffing level was adequate. There was a small group of bank staff who regularly provided cover and who knew people well. One member of staff told us, "The care crew (bank staff) are long term and consistently available. They know the guys really, really well. We never have any qualms

Good

Is the service safe?

about leaving them, as they know as much as we do. "This ensured there was good continuity of staff who worked in the service. Staff told us it had been a very busy period, as several staff were on a long term period of absence. But they had worked flexibly to meet individual people's needs and there had been adequate numbers of staff on duty to meet people's care needs. A sample of the records kept of when staff had been on duty confirmed this. This had led to bank staff regularly covering for these absences in the service and having less availability to help provide any further cover if needed. We spoke with the provider's representative after the inspection, who told us they were actively trying to recruit new staff to work in the service and identify further bank staff to be available to provide cover. Staff members spoke of a good team spirit. Staff had time to spend talking with people and supported them in an unrushed manner.

There had been no recruitment of new staff since the last inspection. So it was not possible to fully evidence that safe recruitment process were in place. However, senior staff had the support of the provider's human resources department when recruiting staff. They told us that all new staff went through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. This included the completion of an application form, attending an interview and two written references and criminal records check being sought prior to commencing work in the service.

We looked at the management of medicines. The care staff were trained in the administration of medicines. They had received a regular competency check to ensure that they continued to administer medicines in a safe way and in accordance with the provider's policies and procedures. They told us the system for medicines administration worked well in the service. The medication administration records (MAR) are the formal record of the administration of medicine within a care setting and we found these had been fully completed. Systems were in place to ensure repeat medicines were ordered in a timely way. Medicines were stored correctly and there were systems to manage medicine safely. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. This would also help identify any discrepancies or errors and ensure they were investigated accordingly. Where people had been prescribed medicines on an 'as and when' basis there was guidance in place for staff to follow to ensure this was administered correctly.

Requires improvement

Is the service effective?

Our findings

Relatives told us staff worked closely with them, they felt the care was good, and people's preferences and choices for care and support were met. Care staff were knowledgeable and kept them in touch with what was happening with people. However, we found an area of practice in need of improvement.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. A daily shift planning check list was seen to be used and showed clear accountability for tasks to be completed during each staff shift. They received supervision though one to one meetings and observations whilst they were at work and an annual appraisal of their performance from their manager. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Additionally there were staff meetings to keep staff up-to-date and discuss issues within the service. However, records showed that care staff had not received regular support through individual supervision or team meetings. This is an area in need of improvement.

People were supported by care staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. There were no new care staff working in the service. However, the registered manager told us any new staff would need to complete an induction and this had been reviewed to incorporate the requirements of the new Skills for Care care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was also a period of shadowing a more experienced staff member before new care staff started to undertake care on their own.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff also completed training to help them understand learning disabilities and their role in supporting people to increase their independence. Care staff told us this had given them information and a greater understanding of how to support people with a learning disability. Staff were being supported to complete a professional qualification, and of the care staff had completed either a National Vocational Qualification (NVQ) or a Diploma in Health and Social Care Level 2 or above. They told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required.

Staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff told us they had completed this training and all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. We asked care staff what they did if a person did not want the care and support they were due to provide. One member of staff told us, "If they don't want to it's their right to refuse. We would try to discuss this with them, and try again later." Another member of staff told us, "They do have the right to make an unwise decision. You have to assist them to understand about their decisions. We could leave it a while and come back later. We try to encourage but we can't force it."

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff booked GP appointments and they could attend these with staff. Care staff had been proactively supporting one person with complex healthcare needs, which has meant working with other health and social care professionals. One member of staff told us, "We are watching his chest very closely. Any doubts we go to the

Requires improvement

Is the service effective?

GP." A relative told us, "They are very supportive and attentive to him when he is unwell. He cannot say when he is unwell, but the staff know him and when he is unwell and his needs."

Care staff spent time with people each week to plan their weekly menus. They told us they worked with people to ensure a healthy menu was drawn up. Where people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. Care staff were able to tell us about how this impacted on their diet and what they did to support people with their individual dietary needs. Staff were able to tell us about one person who had been prescribed pureed meals by a speech and language therapy (SALT) team. As their health had improved, staff had taken further advice from the SALT team to try to improve the person's meal time experience and choices of food available to him, and now a variety of frozen meals were purchased to meet his dietary needs. One member of staff told us, "He makes his choice at the residents meetings, and he enjoys them." For another person they had been supported on a weight loss programme. One relative told us, "They look after his health and medical condition. They have helped him reduce his weight. They take care he does not eat unsuitable things." Where people were being supported to ensure they had adequate nutritional intake, records had been fully completed.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. Feedback from the relatives and the social care professionals was that staff were very kind and caring. During our inspection we spent time in the service with people and staff. People were comfortable with staff. One relative told us, "He is absolutely happy there. He is safe and confident. Staff know him well and understand his needs. They are fantastic staff."

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. One relative told us, "He gets on very well with all the staff. My impression is that they (staff) are very caring and thorough. "Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices". We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing.

Care provided was personal and met peoples individual needs. One member of staff told us, "We are a long standing staff group and we know the service users well. If something happens we fight their corner. One relative told us, "The staff have known him a very long time." People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. Relatives told us they were kept informed with what was happening for their relative. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed.

Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals and progress for working towards being more independent. These had been discussed with people and their family. Their progress towards meeting their goals was discussed as part of the regular review process. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, when to spend time alone and when they wanted to be with staff. People were involved where possible in making day to day decisions about their lives.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered. Relatives told us people were respected and their privacy and dignity considered when providing support. Care staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they protected people's dignity. One member of staff told us, "It's keeping the doors closed, covering people with a towel whist being dried."

People were supported in a homely and personalised environment. They had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. People were encouraged and supported to decorate their own rooms and had a choice of décor. Where people showed us their rooms these had been decorated with items specific to their individual interests and likes and dislikes. People had been supported to be well presented and dress in clothes of their choice.

People had been supported to keep in contact with their family and friends. People all had the support of their family, or from an advocacy service when needed.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual care and support plans to develop their skills and increase their independence with the agreed goal that people were working towards. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. Relatives and social care professional confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided.

Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning and goal setting and any review of their care and support needs. Care plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. People had clear and detailed care and support plans in place which reflected their individual needs and preferences. These described a range of people's needs including personal care, communication, eating and drinking and support required with medicines. The care staff told us this information was regularly updated and reviewed every three months. Records we looked at confirmed this. Each person's support plans provided staff with guidance for how to support the person in a consistent way and to feel settled and secure. Care staff demonstrated a good level of knowledge of the care needs of the people. One member of staff told us, "We work with the gentlemen well here. We know them well and their personalities." Audits were undertaken to monitor the quality of the completed care and support plans and progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, some plans contained advice and support had been sought from the community learning disability team and dietician.

There was a 'communication champion' trained in the service to promote effective communication in the service. Information was provided to people in a way they could understand. There was evidence in the service that demonstrated staff were aware of the best ways to support people's communication. For example we saw care staff using sign language, symbols (a visual support to written communication) rota boards/ countdown boards/ photographs and objects of reference used to support people for example, if they wanted to raise any concerns.

People were actively encouraged and supported to take part in daily activities around the service such as cleaning their own bedroom. People enjoyed participating in a range of leisure activities. One relative told us, "They give him choices. They take him out. They do things all the time with him. "The weather was poor on the day of the inspection and people did not go out. They spent time with the care staff, relaxed in their room watching a video or watched television in the lounge.

'Tennant 'meetings were held each week. A variety of communication methods were used including picture cards to enable people to make their choices. Care staff utilised signing and a board with photos of completed meals. To help people pick social opportunities, care staff also used more photographs as well as the diary and the rota, so people were made aware of competing pressures, which may shape the options available, to some degree, and allowed them to choose who they work with on these outings. This enabled people to be fully involved with the planning of the weekly menu and to looking at activities people were going to be involved in. We saw evidence of meeting minutes detailing what had been discussed. Regular quality assurance questionnaires were sent out for feedback on the care provided. The feedback from the questionnaires distributed in 2015 was all positive, with a high level of satisfaction of the care and support provided, and with no areas highlighted to be improved.

The compliments and complaints system detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. We asked care staff how they ascertained if people were unhappy with any aspect of the care and support provided. They told us, they knew the people well, and they used either facial expression or body language to tell care staff they were unhappy. Relatives told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. Where they had

Good

Is the service responsive?

raised any issues they felt this had been dealt with well. We looked to see how complaints had been dealt with. However, no formal complaints had been received since the last inspection of the service.

Good

Is the service well-led?

Our findings

The senior staff within the service promoted an open and inclusive culture. Where possible people were asked for their views about the service. One relative told us, "There is a good organisation behind them." One member of staff told us, "We are service user led. Over the years we have worked here it's changed massively all to the benefit of the service users." Another member of staff told us, "I really like working here. I think (names of people) are fantastic there have been a lot of changes with staff and management. (Managers names) have led us in a strong direction".

There was a clear management structure with identified leadership roles. The service had two registered managers. One who worked full time in the service was on a period of absence. During this time the second registered manager was providing cover in the service. The registered manager also worked in another of the provider's services, but care staff told us he was contactable if support was needed, on the days he was not working in the service. A senior care worker supported the registered manager in the day to day management of the service and each had both worked in the service for many years. Staff members told us they felt the service was well led and that they were well supported at work. One member of staff told us, "(Senior care worker) has stepped up into the reigns. We have a lot of confidence in him, he is a fantastic manager and is led by the service users. He is very approachable". They told us the registered manager and senior care worker were approachable, knew the service well and would act on any issues raised with them.

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The aim of staff working in the service was to be, 'Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well-being are at risk of abuse and neglect.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understood the importance of respecting people's privacy and dignity. There was good evidence of working with partnership with other agencies to meet the needs of people in the service.

Staff carried out a range of internal audits, including care planning, progress in life skills towards independence, medication and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. Policies and procedures were in place for staff to follow.

Staff meetings were held throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. They had also been used for updates on people's care and support needs, and to discuss people's progress towards their agreed goals. Where quality assurance audits had highlighted areas for improvement there was an opportunity for the staff team to discuss what was needed to be done to address and improve practice in the service. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

The registered manager had regularly sent information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, and complaints. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The registered manager told us that where actions had been highlighted these had been included in the annual development plan for the service, and worked on to ensure the necessary improvements. The registered manager or the senior care worker was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the

Good

Is the service well-led?

implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.